

217761

FORM C-AC

2009-280-T

COPY

Posted: ledDept: S.A.Date: 7/10/09Time: 11:40

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE 6-25, 2009APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Connie R McBride dba C & J's Transportation

2. (a) Street Address of Applicant 23 Ball Park Lane

Chesterfield, SC 29709

(b) Mailing address, if different from street address same as above

(c) Telephone Number 843-623-6004 or 843-287-1157

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

RECEIVED

JUL 08 2009

PSC SC  
DOCKETING DEPT.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:  
Month: Unavailable Year: 2009

<b>Assets:</b>	
Cash	<u>unavailable</u>
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	<u>17,000</u>
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
<b>Liabilities and Equity:</b>	
Accounts Payable	<u>Founder's credit union</u>
Notes Payable	
Mortgages Payable	<u>340.00</u>
Equipment Obligations	
Accrued Salaries and Wages	<u>Volunteer driver</u>
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	<u>20,000</u>
Total Liabilities and Equity	<u>?</u>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Chesterfield

I, Connie R McBride Cand J's Transportation  
(Name of Applicant's Representative) (Title)

of Connie R McBride, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 26 day of June 2009  
Phene on Auger  
(Notary Public)

Connie R McBride  
(Signature of Applicant's Representative)

Commission Expires: MY COMMISSION EXPIRES 02-01-2015

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Connie R McBride

For the transportation of passengers as follows:

Area to be served: South Carolina

Number of passengers: 7

Fares: \$15.00 a mile

\*\*\*\*\*

Date 6-27-09

Connie R McBride  
By

Cand J's Transportation  
Title

**EXHIBIT D**

**STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION**

### DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

Date: 6-27-09

Connie R McBrat  
(Applicant)

(Applicant)

*Connie R. McBride*  
(Applicant's Representative)

(Applicant's Representative)

Cand J's Transpotations  
(Title)

(Title)

Connie McBride  
843-623-3153

**INSURANCE QUOTE**

The following insurance quote is for:

Connie McBride DBA Connie's Transportation  
(Name of Motor Carrier)  
23 Ball Park Ln, Chesterfield SC 29709  
(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance

2800

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

National Casualty  
(Insurance Company Name)  
1245 Celebration Blvd, Flo SC 29501  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/2/09 Jerry Poston  
Date (Authorized Insurance Company Representative)

Rev 5/07

**EXHIBIT FWA**

Name: Connie R McBride  
Address: 23 Ball Park Lane Chesterfield, SC 29709  
Telephone No. 843-623-6004 Fax No. 843-623-3153  
U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes ✓ No \_\_\_\_\_ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory ✓  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No ✓  
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Connie R McBride  
(Applicant's Signature)

Sworn to before me

This 26 day of June, 2009

Phyllis M. Avey  
(Notary Public)

Commission Expires: MY COMMISSION EXPIRES 02-01-2010



Certified to be a true and correct  
copy of the original document on file  
with the South Carolina Department of  
Motor Vehicles.

## OFFICIAL 10 YEAR DRIVER RECORD

Driver Services, Deputy D

Customer No.: 24515904 Driver License No.:  
Name : MCBRIDE, CONNIE RATLIFF  
Address : 23 BALL PARK LN  
City : CHESTERFIELD State: SC Zip: 297096180  
County : CHESTERFIELD  
DOB: 03/31/1966 Sex: F Driver Training: N

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

### License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.
Current							
DL	D	Renewal	04/04/2006	03/31/2016	04/01/1996	N	N
Prior							
DL	D	Renewal	04/10/2001	03/31/2006	04/01/1996	N	N
DL	D	Duplicate	06/01/2001	03/31/2006	04/01/1996	N	N
DL	D	Duplicate	11/25/2003	03/31/2006	04/01/1996	N	N

### Address Change -

Address: RR 1 BOX 431A  
City: CHESTERFIELD

Date Changed: 11/25/2003

State: SC Zip: 297099148

### Point Summary

Total Current Points: 0  
Driver Credit: - 0  
Adjusted Current Points: 0

**VIOL:** 421-Speeding 10-mph or less  
Violation: 04/08/2005 Conviction: 04/27/2005  
ACD: S51 Conviction Loc Ref:  
Conviction State: SC

Ticket#: 83636DC  
Recd: 05/18/2005 Post: 06/08/2005  
Conviction Reference:  
Court Type: Municipal Court  
Violation Points: 2 Current Points: 0

**VIOL:** 421-Speeding 10-mph or less  
Violation: 06/27/2002 Conviction: 08/06/2002  
ACD: S51 Conviction Loc Ref:  
Conviction State: NC

Ticket#: 1325706  
Recd: 03/17/2003 Post: 03/17/2003  
Conviction Reference:  
Court Type: Magistrate Court  
Violation Points: 2 Current Points: 0

**VIOL:** 441-Speeding more than 10 mph but LT 25 mph

Violation: 08/01/2002 Conviction: 09/12/2002  
ACD: S92 Conviction Loc Ref:  
Conviction State: SC

Ticket#: 83809CH  
Actual Speed: 49 Posted Speed: 35  
Recd: 12/11/2002 Post: 12/11/2002  
Conviction Reference:  
Court Type: Municipal Court  
Violation Points: 4 Current Points: 0

ACC: REPORTABLE

### ***APPLICANT'S OATH***

I, Connie R McBride, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Connie R McBride  
(Applicant's Signature)

*Sworn to before me*

This 26 day of June, 2009

Francis Dwyer  
(Notary Public)

Commission Expires: MY COMMISSION EXPIRES 02 01 2014